



**PLANNING & DEVELOPMENT SERVICES
18 W. LIBERTY ST., PO BOX 96, YORK, SC 29745-0096
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LAKE WYLIE/CATAWBA RIVER BUFFER AND MITIGATION PERMIT APPLICATION

THE FOLLOWING INFORMATION MUST BE PROVIDED PRIOR TO PROCESSING:

- ATTACHED APPLICATION FILLED OUT COMPLETELY;
- A \$50.00 APPLICATION FEE;
- COPY OF PLAT/LAKE WYLIE TREE SURVEY*
- CORRIDOR ACCESS PLAN (If Necessary);
- TREE REMOVAL PLAN;
- REVEGETATION PLAN (If Necessary);
- MITIGATION PLAN (For Violations Only);
- SHORELINE STABILIZATION PLAN (If Necessary);
- ADDITIONAL INFORMATION AS NEEDED.

IN ORDER TO APPLY FOR APPROVAL, THE LOT OWNER MUST SUPPLY THE DEPARTMENT WITH A SURVEY, PREPARED BY A SOUTH CAROLINA-REGISTERED LAND SURVEYOR, SHOWING THE FOLLOWING:

- (1) The course and direction of any Lake Wylie or Catawba River project boundary adjacent to the lot;
- (2) The course and direction of the top of the bank of perennial streams within or adjacent to the lot;
- (3) The interior edge of the required buffer, as required by subchapter 155.326 of the York County Zoning Code;
- (4) The location of any previously existing, nonconforming structures located within the buffer;
- (5) The location and size of any existing tree, four inches DBH or greater, located in the buffer; and
- (6) The location of the proposed activities for which approval is being requested.

**THE FOLLOWING INFORMATION IS TO BE PROVIDED IN THE APPLICATION PACKET.
PLEASE PRINT OR TYPE.**

APPLICANT NAME: This is the person who will represent the property owner(s).

PROPERTY OWNER NAME: This is the person that is listed with the Tax Assessor as the property owner.

PROPERTY ADDRESS: Address of the property

PROPERTY DIRECTIONS: Give specific directions to the property. Begin with a major, heavily traveled road. Landmarks, directional language (north, south, etc.) and distances should be included.

PROPERTY CONDITIONS: Explain the landscaping and topography of the land. *Examples:* partially wooded and sloping from rear to front, or front no trees and flat, back wooded and rolling.

PROPERTY TAX MAP #: The Tax Map Number can be found on the property tax notice or it can be obtained by calling 684-8526. The Property Tax Reference Number is important because it gives the Staff access to pertinent information not listed on the application.

LOT AREA: Provide the size (area) of the lot. You may use either acres or square feet.

ZONING DISTRICT: Zoning classification(s) that occupy the property. This information can be obtained from the Zoning staff.

USE OF PROPERTY: Describe, in general terms, the current use of the property.

ACTIVITY INFORMATION: Mark the proposed permitted activity; or if the purpose of the activity is to resolve a violation, check the appropriate mitigation action.

SUPPORTING DOCUMENTATION: Please provide the appropriate plans per the action requested:

- **Tree Removal Plan:** Illustrate all trees greater than four (4) inches in diameter to be removed.
- **Corridor Plan:** Illustrate the location of the access corridor and proposed vegetation and trees to be removed.
- **Re-vegetation Plan:** After construction of the access corridor, illustrate how the disturbed vegetation will be reestablished.
- **Mitigation Plan:** If staff determines that the violation consists of less than 20 percent of the trees and vegetation removed without permit than a mitigation plan, approved by staff, from a qualified landscaping business or service is required. If staff determines that the violation has resulted in greater than 20 percent of the trees and vegetation removed, than a plan approved by staff, must be provided from an arborist or landscape architect.
- **Written Narrative:** Description of activity.

APPLICANT'S SIGNATURE: The applicant must sign the form certifying the information is correct; and must be signed even if applicant is the owner.

OWNER'S SIGNATURE: This section must be signed by the property owner. Notarized written authorization from the property owner giving the applicant permission to act on his/her behalf can be substituted for property owner's signature.

LAKE WYLIE/CATAWBA RIVER BUFFER AND MITIGATION PERMIT APPLICATION

GENERAL INFORMATION

DATE: _____

APPLICANT'S NAME: _____

ADDRESS: _____
 NUMBER STREET APT. /BOX NUMBER

 CITY STATE ZIP CODE

PHONE: _____
 HOME WORK/CELL

EMAIL: _____

.....
PROPERTY OWNER'S NAME: _____

ADDRESS: _____
 NUMBER STREET APT. /BOX NUMBER

 CITY STATE ZIP CODE

PHONE: _____
 HOME WORK/CELL

EMAIL: _____

PROPERTY INFORMATION

PROPERTY ADDRESS: _____

PROPERTY DIRECTIONS: _____

PROPERTY TAX MAP #: _____ **ZONING DISTRICT:** _____

LOT AREA (ACRES): _____ **USE OF PROPERTY:** _____

SQ. FEET: _____ **TREE SURVEY/PLAT: PLEASE ATTACH TO APPLICATION**

GENERAL INFORMATION

I (WE) HAVE MADE APPLICATION FOR THE FOLLOWING PERMITTED ACTIVITY:

1. _____ CREATION OF A VIEW CORRIDOR (PER §155.324(B)(2)(a))
2. _____ CREATION OF AN ACCESS CORRIDOR (PER §155.324(B)(2)(b))
3. _____ SHORLINE STABILAZATION PROJECT (PER §155.324(B)(2)(c))
 - A. _____ AUTHORIZATION FROM DUKE ENERGY MUST BE OBTAINED PRIOR TO COMMENCEMENT OF WORK.
4. _____ WORK TO/REMOVAL OF NON-CONFORMING STRUCTURE(S) (PER §155.324(B)(2)(d))
5. _____ USE OF VEHICULAR EQUIPMENT (PER §155.324(B)(2)(e))
6. _____ WAIVER REQUEST (PLEASE ATTACH APPROVED WAIVER REQUEST (PER §155.325))

I (WE) HAVE MADE APPLICATION FOR MITIGATION OF A VIOLATION OF THE LAKE WYLIE/CATAWBA RIVER BUFFER

1. _____ REMOVAL OF > 20 PERCENT OF THE TREES OR NATURAL VEGETATION (PER §155.331(D)(1))
2. _____ REMOVAL OF < 20 PERCENT OF THE TREES OR NATURAL VEGETATION (PER §155.331(D)(2))

DESCRIPTION OF PROPOSED ACTIVITY: _____

I CERTIFY THAT ALL INFORMATION PRESENTED BY ME IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BENEFIT:

APPLICANT

DATE

I CERTIFY THAT I AM THE OWNER OF THE PROPERTY AND FURTHER THAT I DESIGNATE THE PERSON SIGNING AS APPLICANT TO REPRESENT ME IN THIS MATTER.

PROPERTY OWNER

DATE

****PLEASE ATTACH OWNER'S NOTARIZED WRITTEN AUTHORIZATION IF OWNER'S SIGNATURE CANNOT BE OBTAINED.****

Any information provided on this document may be subject to the South Carolina Freedom of Information Act and may be disclosed to third parties in accordance with applicable law.

05/11/2020 (EM)

OFFICE USE ONLY

AMOUNT PAID: _____ CHECK #: _____

CASH AMOUNT: _____ RECIEPT NUMBER: _____

DATE RECEIVED: _____ DATE FILED: _____

VIOLATION: _____

ASSIGNED CODE ENFORCEMENT OFFICER: _____

ACCEPTED BY:

ZONING OFFICIAL

DATE

POST CONSTRUCTION, REVEGETATION, OR MITIGATION INSPECTION

ZONING OFFICIAL

DATE

COMMENTS: _____
